PART B - FEE(S) TRANSMITTAL

Aug 1 2 2005	this form, together wit	h applicable f	P.O. Box 1450 Alexandria, Virg	Alexandria, Virginia 22313-1450 (703) 746-4000				
INSTRUCTIONS: This for	orm should be used for tran	smitting the ISSU Patent, advance or	JE FEE and ders and not		ired). Blocks 1 through 5 will be mailed to the curren	should be completed where torrespondence address as		
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless defrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address as indicated unless of the current correspondence address. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the								
26646 7		Fee(s) Transmittal, Th	mailing can only be used in nis certificate cannot be used al paper, such as an assignmate of mailing or transmission.	tor any other accompanying				
KENYON & KE ONE BROADWA NEW YORK, NY 08/12/2005 HDESTA2 0000 01 FC:1501 1400.00	Y 10004 0052 110600 1001806	6		I harabu aartifu that t	the En	or denocited with the United		
			TID OTT VALLE	D DELICATION	3 9 5 C	CONFIRMATION NO.		
APPLICATION NO. 10/018,066	FILING DATE 04/18/2002	FIRST NAMED I			10191/1882	7866		
TITLE OF INVENTION: METHOD FOR SELECTING A STORAGE MEDIUM								
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400		\$0	\$1400	08/17/2005		
EXAM	EXAMINER		IT	CLASS-SUBCLASS	J			
NEYZA	2655		369-030290					
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Robert Bosch GmbH Stuttgart, Federal Rep. of Germany								
Please check the appropriat	e assignee category or catego	ries (will not be pr	inted on the p	patent): 🗖 Individual 🗗 C	Corporation or other private g	roup entity Government		
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
 ✓ Issue Fee ✓ A check in the amount of the fee(s) is enclosed. ✓ Publication Fee (No small entity discount permitted) ✓ Payment by credit card. Form PTO-2038 is attached. 								
				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to posit Account Number 11-0600 (enclose an extra copy of this form).				
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.	☐ b. Appli	cant is no longer claiming SMA	ALL ENTITY status. See 37 (CFR 1.27(g)(2).		
The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the Issue Publication Fee (if required) words of the United States Paters	ue Fee and Publica vill not be accepted ent and Trademark	tion Fee (if a d from anyon Office.	ny) or to re-apply any previous e other than the applicant; a reg	ely paid issue fee to the applic distered attorney or agent; or	ation identified above. the assignee or other party in		
Authorized Signature	Di Gera	A. Misorin	la	Date	8/9/05			
Typed or printed name_	Richard L. Ma	yer 35,952		Registration				
submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	pplication form to the USP1 s for reducing this burden, sl ginia 22313-1450. DO NOT -1450.	O. Time will vary hould be sent to the SEND FEES OR (depending use Chief Infor	to obtain or retain a benefit by ollection is estimated to take 12 upon the individual case. Any control officer, U.S. Patent and D FORMS TO THIS ADDRES llection of information unless it	Trademark Office, U.S. De	partment of Commerce, P.O. for Patents, P.O. Box 1450,		